, 4		1,01037785								
PATENT APPLICATION FEE DETERMINATION RECOR					Application or Docket Number					
Effective October 1, 2001					180626004100					
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY					
TOTAL CLAIMS 34				RAT	E	FEE		RATE	FEE	
FOR	NUMBER FILED	NUMBE	UMBER EXTRA		FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS	34 minus 20=	• 14	1-	X\$ 9	Ī	126	OR	X\$18=		
INDEPENDENT CLAIMS 4 minus 3 :		= 1		X42	=	42	OR	X84=		
MULTIPLE DEPENDENT CLAIM PRESENT			+140	ř		OR	+280=			
* If the difference in column 1 is less than zero, enter "0" in column 2				TOT	7	538	OR	TOTAL	- :	
CLAIMS AS AMENDED - PART II 9/2 (1) (Cotumn 1) (Cotumn 2) (Cotumn 3)					OTHER THAN SMALL ENTITY OR SMALL ENTITY					
CLAIMS REMAINING AFTER AMENDMENT Total Independent • 3	Higi Nui PREVI	EST IBER OUSLY FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total • 18	Minus - 3	4	-: /	X\$ 9	<u></u>		OR	X\$18=	,	
independent • 3	Minus	4	-/_	X42	-		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							OR	+280=		
•					TAL		OR	TOYAL	· ·	
5-12-05 (Column 1) (Column 2) (Column 3)										
CLAIMS REMAINING AFTER AMENDMENT Total Independent (1)	NUI PREV	HEST MBER NOUSLY O FOR	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE	,	RATE	ADDI- TIONAL PEE	
Total • ///	Minus ** _	34		X\$ 9)a		OR	X\$18=		
Independent - /	Minus	4	-	X42	2		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	OR	+280=	,	
·		•		ADDIT.	TAL FEE		OR	YOTAL ADDIT. FEE		
(Column 1)		imn 2)	(Column 3)				_			
CLAIMS REMARKING AFTER AMENDMENT Total Independent Total Total Total Total Total Total	NUA PREV	HEST MBER NOUSLY D FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total .	Minus **		•	X\$ 9) =		OR	X\$18=		
Independent •	Minus	T 01 4444	-	X42	-		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM) -		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										

FORM PTO-275 (Rev. 8/01)

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